

Members

Sen. Marvin Riegsecker, Chairperson
Sen. Rose Ann Antich
Rep. Sheila Klinker
Rep. Robert Alderman
Sylvia Marie Brantley
Christopher Durcholz
Suda Hopkins
Sally Lowery
Ervin Picha
Joanne Rains
Thomas Van Meter
Betty Williams



INDIANA COMMISSION ON MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

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Authority: P.L. 245-1997, P.L. 272-1999

MEETING MINUTES¹

Meeting Date: October 26, 1999
Meeting Time: 10:00 A.M.
Meeting Place: State House, 200 W. Washington St.,
Room 156-B
Meeting City: Indianapolis, Indiana
Meeting Number: 6

Members Present: Sen. Marvin Riegsecker, Chairperson; Sen. Rose Ann Antich; Rep. Sheila Klinker; Rep. Robert Alderman; Sylvia Marie Brantley; Christopher Durcholz; Suda Hopkins; Sally Lowery; Ervin Picha; Thomas Van Meter; Betty Williams.

Members Absent: Joanne Rains.

Call to Order

Sen. Riegsecker called the meeting to order at approximately 10:10 a.m.

317 Task Force Plan Management Report

Marjorie Gurnik, Director, Policy and Budget, Family and Social Services Administration (FSSA), distributed a handout entitled "317 Management Report: Developmental Disabilities Community-Based Services Funding; Utilization of New Funding for State Fiscal Year 2000." (Available from the Legislative Information Center as Exhibit A.) Ms. Gurnik discussed the information in the document, including the following topics:

¹ Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.ai.org/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

maintenance of existing services; transition from non-DDARS services; expansion of services; and system support/infrastructure. Ms. Gurnik stated that FSSA's top priorities in allocating the \$39 million appropriated in the 1999 legislative session are providing services in emergency situations (e.g., when a care giver parent dies), providing respite care to care givers, and assisting persons who lose a funding source (e.g., children "aging out" of the foster care system). Since July 1, 1999, 127 persons with developmental disabilities have begun receiving services as a result of the appropriation which was recommended by the 317 Task Force Plan. Many other persons have been notified of the availability of a waiver slot and are now going through the process of eligibility determination and provider selection. The appropriation has also allowed FSSA to add staff and streamline resources in the Bureau of Developmental Disabilities Services (BDDS) and the Central Waiver Unit, as well as develop a tracking system that will allow FSSA to regularly update the 317 management report. FSSA has also applied to the federal Health Care Financing Administration (HCFA) for permission to add a category to the Medicaid waiver to allow FSSA to provide services to persons on an emergency or priority placement basis. The new category, if approved, would add approximately 120 waiver slots. Ms. Gurnik reported that some persons currently being served through the use of state dollars would be eligible for a waiver slot under this new category and FSSA anticipates adding these persons to the waiver retroactively if the waiver amendment is approved. A ruling on the application is expected by mid-November. The Commission directed Ms. Gurnik to provide HCFA's ruling to the Commission's staff for distribution to Commission members.

In response to questions from Commission members, Ms. Gurnik stated that there are many factors that determine how long it takes for a person to start receiving services after the person is notified of the availability of a waiver slot, but that FSSA's target is 60 days. Ms. Gurnik noted that Medicaid covers the provision of day services, but that these services are not covered from 317 Task Force Plan state-only funds.

Responding to questions from Commission members, John Hill, Deputy Director, BDDS, explained that some persons on the Medicaid waiver waiting list may receive services through other funding sources (e.g., CHOICE; respite care program) until a waiver slot becomes available. However, there is not enough money to provide services to everyone on the waiting list, so services are provided for those with the greatest need.

Commission members commented that it is important for the Commission to continue oversight of the implementation of the 317 Task Force Plan, including the funds spent on administration of the program compared to the funds spent on providing services. Sen. Riegsecker noted that FSSA has only had the recent appropriation since July 1, 1999, and that it will take some time for the plan to be fully implemented.

Participation of Area Agencies on Aging in 317 Task Force Plan Implementation

Dawn Tyler, Director, Case Management, Area 2 Agency on Aging/Real Services (South Bend, IN), distributed a document to Commission members entitled "Indiana's 317 Medicaid Waiver." (Available from the Legislative Information Center as Exhibit B.) Ms. Tyler explained the following information contained in the document: the process from referral through monitoring of services on the 317 Medicaid waiver; different funding sources and providers who help keep the 317 client in the community; and examples of plans of care for people who have been targeted for 317 Medicaid waiver services. Ms. Tyler noted that the average time an individual spends on the Medicaid waiver waiting list before a waiver slot becomes available is two to three years.

Responding to questions from Commission members, Ms. Tyler stated that as a result of the recent \$39 million appropriation, Area 2 Agency on Aging/Real Services (Area 2) has received approximately \$1.2 million. This money has not allowed for the addition of any staff, but did prevent a cutback in staff that had been anticipated. Through the use of the recent appropriation, Area 2 has been able to provide Medicaid waiver services to an additional 31 clients in the five counties served by Area 2. This increase in clients has resulted in an additional one to three clients per case manager. The total number of cases handled by an Area 2 case manager varies from 40 to 80, including Medicaid waiver cases as well as many other programs.

Compensation of Community Care Providers

Costa N. Miller, Executive Director, Indiana Association of Rehabilitation Facilities (IN-ARF), provided Commission members with a handout regarding wage parity for day service and residential providers. (Available from the Legislative Information Center as Exhibit C.) Mr. Miller noted that being able to hire and maintain quality staff to provide community services to persons with developmental disabilities is vital to assuring quality services. Mr. Miller declared that rate structures have not increased for community services for several years and the inability to provide competitive wages and benefits to direct care givers threatens the ability of providers to hire and maintain quality staff. Recent wage increases at Muscatatuck State Developmental Center have been able to address many of the problems with recruiting and maintaining staff that the Center had experienced, problems similar to those faced by community service providers. Mr. Miller estimates that wage parity for community service direct care givers would cost approximately \$4 million to \$5 million for non-Medicaid-funded day services. Wage parity for residential services, for which Medicaid matching funds are available, would require less state money than parity for non-Medicaid-funded services.

Responding to questions from Commission members, Mr. Miller commented that wage parity, in addition to being a question of fairness, will most likely increase the number of persons willing to provide direct care services. Assuring that an appropriation is used to increase wages for direct care givers could be accomplished by including language in the budget mandating that the appropriation be passed through to the care givers as wage increases. IN-ARF is currently looking into ways for small community service providers to provide benefits to their employees through pooled group insurance.

Commission member Betty Williams remarked that it is important to be able to keep quality care givers in community services to help maintain consistency for the consumer and that the community care givers are a very positive part of the consumers' lives. The Commission directed staff to note in the final report that wage parity for community care givers is a critical issue that should be looked at in more detail next summer, with the possibility of drafting legislation for introduction in the 2001 budget session.

Consideration of Preliminary Drafts (PD)

Sen. Riegsecker asked Carrie Cloud, attorney for the Commission, to explain PD 3508. (Available from the Legislative Information Center as Exhibit D.) Ms. Cloud stated that PD 3508 requires that: (1) supervised group living programs for the developmentally disabled (a/k/a "group homes") post in a conspicuous location a toll-free number for reporting complaints; and (2) the Division of Disability, Aging, and Rehabilitative Services (DDARS) and the State Department of Health (ISDH) include on all materials given to residents of supervised group living programs and their families or legal guardians a toll-free number

for reporting complaints. The Commission agreed to amend PD 3508 by adding the word "written" before "materials" on page 1, line 9, and page 1, line 31. The Commission adopted PD 3508, as amended, by a vote of 10-0.

Ms. Cloud explained PD 3509 and PD 3542. (Available from the Legislative Information Center as Exhibits E and F, respectively.) PD 3509 requires: (1) the Department of Correction (DOC) to conduct a study regarding persons with developmental disabilities who are incarcerated; and (2) FSSA to conduct a study of issues raised by the involvement of persons with developmental disabilities with the criminal justice system and to present recommendations for components of a program to address those issues. The draft requires the results of the studies be presented to the MRDD Commission by July 1, 2000. PD 3542 requires a single, comprehensive study of the same issues by DOC and FSSA. John Hill, BDDS, informed Commission members that a joint study would allow for the best use of resources and the potential for the most complete results. Mr. Hill requested the Commission extend the due date for the report, as July 1, 2000, would not give the agencies sufficient time to conduct the study. The Commission agreed to table PD 3509 and to amend PD 3542 by replacing the July 1, 2000, report due date with September 30, 2000. The Commission also agreed to two technical corrections regarding the designation of subsections. The Commission adopted PD 3542, as amended, by a vote of 10-0.

Consideration of Final Report

The Commission voted 10-0 to adopt the draft final report, amended to reflect today's Commission action.

Adjournment

Sen. Riegsecker thanked the Commission members for their service this interim. The Commission expressed its thanks to Sen. Riegsecker and to all persons who testified before the Commission or otherwise provided information.

There being no further business to come before the Commission, Sen. Riegsecker adjourned the meeting at Noon.